Title of the paper**: Transgender and Sexual Health: A Study on *Launda Dancers* in West Bengal**

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## INTRODUCTION

We are not born men and women; we acquire these gender identities through the process of socialization and learning. Human bodies are gendered and transformed into the distinctive man-woman binary through a complicated set of socio-cultural practices. Gender identity refers to "one's sense of self as male, female or transgender" (American Psychological Association, 2006). Transgender are individuals who were assigned a sex, usually at birth and based on their genitals, but these individuals feel that it is a wrong description of them and they diverge from their ascribed normative gender roles.

Sexuality is a broad term which refers to a cluster of behaviours, practices and identities which are intimately linked to an individual's sexual orientation and preferences. Sexuality is more than sexual behaviour. Sexuality encompasses eroticism, sexual behaviour, social and gender roles and identity, relationships, and the personal, social and cultural meanings that each of these might. Sex, gender and sexuality norms in India are like most modern societies built around the norm of heterosexuality. Historically homosexuality can be traced back to the ancient Greek and Roman era where homosexual relations and pederasty were accepted. There have been many literary texts and accounts that have mentioned homosexuality.

Homosexuality can be described as the orientation and inclination of a person to have sexual relations with a person of his or her own sex (Thappa, Singh and Kaimal, 2008). The term homosexuality and the laws prohibiting 'unnatural' sex were imposed across the world through imperial might. Though they exerted a powerful influence on subsequent attitudes, they were neither universal nor timeless. They were – it must be kept in mind – products of minds that were deeply influenced by the 'sex is sin' stance of the Christian Bible. With typical colonial condescension, European definitions, laws, theories and attitudes totally disregarded how similar sexual activity was perceived in other cultures.

Despite popular belief Hinduism and India's history and literature are surprisingly homosocial and homoaffectionate. Indian historians and queer scholars, Vanita and Kidwai

(2000) trace these discourses to ancient India. The *Kamasutra* not only described but even prescribed 'queer' sexual practices such as 'auparishtaka' or mouth congress. What is important to consider about this text is that sexual practices discussed do not necessarily head towards procreation but rather pleasure. Thus non-procreative sexual practice, a form of non-normative or queer deviation from prescribed sexual practice is represented within ancient India. Joseph (2005) talks of the long tradition of temple carvings that depict explicit imagery of same-sex sexuality.

Homoeroticism got 'official patronage' with the Arab-Persian-Islamic cultural invasion into the Indian subcontinent. During this period love of boys was practiced at the court of Muslim rulers and the Urdu and Sufi poets celebrated it. According to Vanita and Kidwai (2000), scattered references of same-sex love can be found in the literature of the early medieval period while in the late medieval period.

Homophobia is no more a cultural or religious issue; it is a patriarchal tool to socialize individuals from exploring sexualities with strict sanctions attached to nonconformists. *Hijras, kothis,* gay men, and lesbians are abandoned by society – often at a very early age and in a violent manner – because of their femininity (in the case of men) and the threat they pose to the society imposed by prevailing patriarchal social norms.

The Supreme Courts directive to include transgendered people in all welfare programmes for the poor including education, healthcare and jobs and creation of a third gender category is a progressive step in eradicating social exclusions they faced in the deeply conservative Indian society. While the ruling was in sync with the tune of the Indian Constitution, this verdict does not apply to sexuality. This has put the LGBT community in India in a dilemma because while they are now free to express their identity they are still under the threat of prosecution and ostracisation under the Article 377 that has declared any "sex against the order of nature", which is interpreted as gay sex punishable.

Recent trends in India are marked by an increased focus and social awakening on issues of sexual abuse and violence towards women. Contrary to such responsiveness when it comes to the forced prostitution and exploitation of young boys it receives no significant attention. Rooted gender roles identifying males as inherently more capable of self-protection and recovery has masked the social abuse of young *launda dancers*.

In India adolescents and young gender variant boys, male with feminine appearance or behaviour, effeminate men face immense social stigma and gross human rights violations, and as a result face serious barriers to joining mainstream occupations. This has led to a situation where, in the absence of any other alternative, many join the "hijra" (eunuch) community and undergo illegal, secret and crude castration operations at great risk to their lives. Anecdotal evidence puts the number of deaths due to castration at 50% of those operated upon by Dai, quacks and "surgeons" with questionable credentials. In alternative they join the troop as a Launda dancer- the traditional dancing boys and migrate to Bihar and Uttar Pradesh and in the name of dancing in the rituals forced into prostitution and face brutal violence (Study Report on Launda dancers, 2007).

Launda dances are an entertainment facet of traditional ceremonies in the villages of Uttar Pradesh (UP) and Bihar. In these occasions young effeminate boys dance in marriage procession and ceremonies, dressed in women's clothing to popular and raunchy Bollywood songs. Whereas earlier *launda dancers* were hired by poorer families who could not afford the higher fees for female dancers, today the employment of *launda dancers* is popular across all gamut of society within UP and Bihar. Young boys, mostly from poorer backgrounds in West Bengal, Bihar and sometimes Nepal, migrate to UP and Bihar during the spring and winter wedding seasons and are contracted by wedding orchestras to work for several months at a time. Most of the time these young performers migrating from distant areas engage themselves in commercial sex with men after these ceremonies that sometimes lead them to vulnerable situations of violence and risk. The rituals of marriage and birth related ceremonies engage this MSM practice as legitimate part of the hetero-normative public action.

## REVIEW OF LITERATURE

### Transgender groups in India

A transgender is an individual who believes that his/her physical body does not correlate with the gender role he/she is assigned to. He/she may have a body of a either a male/female but a mind of the opposite sex i.e. female/male. In contemporary usage, "transgender" has become an umbrella term that is used to describe a wide range of identities and experiences, including

but not limited to: pre-operative, post-operative and non-operative transsexual people (who strongly identify with the gender opposite to their biological sex); male and female 'cross-dressers' (sometimes referred to as “transvestites”, “drag queens”, or “drag kings”); and men and women, regardless of sexual orientation, whose appearance or characteristics are perceived to be gender atypical. A male-to-female transgender person is referred to as 'transgender woman' and a female-to-male transgender person, as 'transgender man'**.**

The term 'transgender people' is generally used to describe those who transgress social gender norms. Transgender is often used as a holistic term to signify individuals who defy rigid, binary gender constructions, and who express or present a breaking and/or blurring of culturally prevalent stereotypical gender roles. An individual who does not identify with the gender assigned to them. They may or may not consider themselves a ‘third sex’. Transgender people can be males who dress, act or behave like females or females who dress, act or behave like males. Transgender people may live full- or part-time in the gender role 'opposite' to their biological sex. They do not, however, necessarily identify as homosexual.

Transgender generally engages in anal sex the most. In every partnership between two males there is *Giriya* and *Koti*, the former who penetrates and the later the recipient. *Giriyas* are normally considered the husbands/lovers of the *Kothis*. There is another group by the name Double –Decker who both penetrates and also let others penetrate to them. Bisexual are the ones who can have sexual tendencies for both the opposite sex and the same sex i.e a bisexual can be both heterosexual and homosexual where as the other transgender are all homosexual. Anal intercourse and casual sex with multiple partners is a key reason for homosexuals and transgender to be vulnerable to HIV and other sexually transmitted diseases.

Broadly transgender can be divided into 4 categories:

I. **Eunuch (*Hijras*):** A term used in the Indian subcontinent, which includes those who aspire to and/or undergo castration, as well as those who are intersexed. Some *Hijras* refer to themselves in the feminine, others say they belong to a third gender and are neither male nor female. A eunuch realises her sexual orientation generally later in her childhood.

II. **Hermaphrodite:** Hermaphrodite is one who is born with deformed genitals. She may have both a penis and a vagina at the same time. When grown older she may have breast

development or, any other type of male symbols like beard and moustache, excess body hair and a hoarse voice.

III. **Cross dressed/Transvestite:** An individual who dresses in the clothing that is typically worn by people of another gender for purposed of sexual arousal/gratification. Transvestites are often male who dress in the clothing typically worn by females. They are also known as cross-dressers. A male may dress up like a female and a female may dress up like a male.

IV. **Gay/Lesbian:** Gay is male who is sexually attracted to other males and/or identifies as gay. This term can also be used to describe any person (male or female) who experiences sexual attraction to people of the same gender. Lesbian is female who is sexually attracted to other females and/or identifies as a lesbian.

**Heterosexual:** An individual who is sexually attracted to people of a gender other than their own and/or who identifies as being heterosexual.

**Homosexual:** An individual who is sexually attracted to people of the same gender as their own, and/or who identifies as being homosexual.

**Intersexed Person:** An individual born with the physical characteristics of both males and females. These individuals may or may not identify as male or female.

**Men who have Sex with Men (MSM):** This term is used to denote all men who have sex with other men, regardless of their sexual identity or sexual orientation. This is because a man may have sex with other men but can still consider himself to be a heterosexual or may not have any particular sexual identity at all (Chakrapani, Newman, Mhaprolkar, and Kavi, 2007).

**Dhurani:** Dhurani is an active verb for a 'passive' action and is used for people who are in the receptive role in anal intercourse. Cross-dressing is a particular choice of 'dhuranis' to accentuate their femininity and attract male partners.

**Kothi:** A feminised male identity, which is adopted by some people in the Indian subcontinent and is marked by gender non-conformity. Kothis' are a heterogeneous sub-group of MSM. They can be described as biological males who show varying degrees of 'femininity'. A *Kothi*, though biologically male, adopts feminine modes of dressing, speech

and behaviour and looks for a male partner who has a masculine mode of behaviour, speech and attire.

**Pareek:** A *pareek* is a 'masculine' male who is attracted to feminine men and considers the 'dhurani' to be the female partner in sex. It is a public sexual identity attached to non-feminine men who are desirous of effeminate males but do not accept the brand of homosexuality.

**Queer:** A person who questions the heterosexual framework. This can include homosexuals, lesbians, gays, intersexed and transgendered people. To some this term is offensive, while other groups and communities have used it as a form of empowerment to assert that they are not heterosexual, are non-conformist to the dominant heterosexual framework, and dissatisfied with the 'labels' used on people who do not identify as heterosexual.

Available works on Transgender and Sexual Minority Groups

A wide array of research studies is present on minority sexual groups and Transgender population across the world as well as in India and these were promoted to draw connections between homosexuality, high risk same-sex practices and the rampant spread of HIV/AIDS.

'**High HIV Prevalence and Risk Behaviours in Men Who have Sex with Men in Chennai, India**' by Go, Srikrishnan, Sivaram etc. (2004) was a study undertaken to estimate HIV and sexually transmitted disease prevalence and behavioural risk characteristics of men who have sex with men (MSM) in Chennai, India. It was evident in the study that men who have sex with men (MSM) are at a higher risk of HIV not only because of same sex partners but also because of higher illicit substance abuse and commercial sexual partners. The social construction of sexual identity and orientation in India has created an environment where MSM do not have a separate identity hence HIV prevention programs emulating Western models is ineffective. The major conclusion that comes out of the study is that a broad intervention plan should be formulated based on the high risk groups in the particular cultural setting.

Betron and Figuera (2009) in an USAID Health Policy Initiative publication '**Gender Identity and Violence in MSM: Policy Implications for HIV Service**' aimed to synthesize literature on violence and other forms of stigma and discrimination among MSM and

Transgender. It also charted a relationship between such violence and discrimination to HIV vulnerability. The findings reflected that violence experienced by MSM where either in intimate partner relations or a result of acute homophobia. In case of Transgender groups, physical and verbal abuse was found to be more severe. Reports from across the globe suggested narrowing forms of violence like sexual assault, beatings by family members, forced marriage with women and/or hate crimes. This review also showed that the experience of sexual violence is associated with high risk sexual behaviour among MSM and Transgender groups.

The paper '**Lesbian, Gay, Bisexual and Transgender health disparities and President Obama's Commitment for change in Healthcare**' by McWayne et al (2010) looked at a myriad of health care issues of transgender people in USA and the lacunae in their basic healthcare and support systems. It was observed that the greatest health ailment of the sexual minorities was cancer. It was also found that sexual minorities faced individual and institutional discrimination which put them at a higher risk for mental health challenges that include depression, panic, mood disorder and anxiety. It also analysed the significance of President Obama's memorandum to develop a protocol that will ensure that individuals are not discriminated against in medical settings based on their sexual orientation or gender identity.

Wilson's work on **'Human Rights and HIV Men who have Sex with Men'** (2010) explained the MSM category, the prevailing prejudice and social stigma surrounding male to male sexual activity, homosexuality and HIV. It concluded that prejudices against them affected their willingness and ability to seek, find and access established programmes for HIV prevention, care and treatment. It highlights the human rights crisis that result from both the unequal treatment of MSM in HIV/AIDS strategies and the increased exposure of those who unknowingly engage in sexual activity with them. The need to bridge the gap between MSM and HIV education was a key learning of this study.

A key study based on *Hijras* in Bangladesh by Khan et al (2009) called '**Living on the Extreme Margin: Social Exclusion of the Transgender Population (Hijra) in Bangladesh**' is an ethnographic study which reveals that *Hijras* in Bangladesh are located at the extreme margin of exclusion having no socio-political space. Their deprivations are grounded in non-recognition as a separate gendered human being beyond the male-female dichotomy. This paper points out the physical, verbal and sexual abuse that transgender

population face. The multiple dimensions of exclusion start at the family level, is present in education opportunities, occupation, healthcare as well as in sexual identities. Exclusion by the state has been discussed and findings of the study suggest that a supportive environment was crucial to build an 'inclusive' society.

Another pertinent study is by Wijingaarden, Schunter and Iqbal on '**Sexual abuse among Young Feminised men in Lahore and Karachi, Pakistan**' (2013) which describes the experiences of 10 feminised men from Pakistan. Most narratives recount stigmatisation and trauma. Initiation into sexual activity was a recurrent issue discussed along with exploitation and psychological abuse. Their accounts reflect their low social status and their forced initiation as a 'hijra' that affects their self-esteem and vulnerability as a sexual minority. The study concludes that interventions to reduce stigma and discrimination against these minorities would be relevant brcause of the formal recognition of feminised men as the 'third sex'.

Thompson et al. (2013) in their work '**Beyond internalised stigma: Daily moralities and subjectivity among self identified *Kothis* in Karnataka, South India**' focused on stigma from the perspective of participants' subjectivity and moral experiences. The narrative illustrate the awareness of gender-sexual nonconformity, being 'abnormal', undesirable and a vice that unfolds over time from youth to adulthood. This study reveals the heteronormativity of patriarchal order that is imposed by family in India and the stigma that deters individuals from expressing their sexual identity. This paper establishes stigma as a social, cultural and moral process.

Logie, Newman and Chakrapani have worked on '**Sexual stigma, HIV-related stigma and sexual risk behaviour among men who have sex with men in South India**'. It was found that globally, men who have sex with men (MSM) are at elevated risk for HIV infection compared with the general population. MSM are impacted by sexual stigma and HIV-related stigma, which present barriers to HIV prevention. Stigma and discrimination where found to be positively associated with sexual risk behaviour among MSM in South India. It was found that HIV prevention initiatives in India tailored to urban/rural context and sexual identity needed to strengthen protective factors, such as coping and social support, and challenge stigma associated with same-sex sexuality and HIV. Sexual stigma and HIV-related stigma are associated with higher rates of Sexual Risk Behaviour among MSM in South India. Understanding the impact of sexual stigma and HIV-related stigma on sexual risk behaviour

informs social work practice by highlighting the importance of multi-level interventions, including micro (e.g. resilient coping skills), meso (e.g. social support) and structural (e.g. challenging sexual/HIV-related stigma) initiatives. This paper concluded that social work research must further explore the influence of HIV-related and sexual stigma on sexual risk behaviour among sexual minorities.

A study by Indian Council for Medical Research called **'Modelling the Impact of Stigma on Depression and Sexual Risk Behaviours of Men who have Sex with Men and *Hijras* or Transgender people in India: Implications for HIV and Sexual Health Programs'** (2013) by Chakrapani, Samuels, Shunmugam and Sivasubramanian was crucial in charting the relationship between the discriminations faced by these sexual minorities and mental health ailments. The key finding of the study were that same-sex sexual orientation was realised by individuals at an early stage or sometimes highly delayed. In between the realisation and self acceptance MSM and Transgender participants expressed a transition from guilt to self-pity. It was found that stigma and discrimination lead to chronic stress that adversely affected the mental health of Transgender youth. Disclosure of one's sexual identity and orientation also acted as stressor for them. ***Stigma by association*** i.e. the fear of bringing shame on their family post disclosure often made these transgender youth run away from home. Discrimination among MSM/Transgender communities based on economic status, HIV status or engagement in sex work in existing absence of familial support often lead to unremitting depression and self apathy. Sexual violence also has serious consequences on their mental health – undermining their self-esteem and leading to PTSD (Post Traumatic Stress Disorder) or depression.

Few key suggestions that developed out of this study are a need to educate and sensitize the general public and other stakeholders of minority issues to decrease societal stigma and promote acceptance. Also counselling minority sexuality groups to promote acceptance and improve one's self esteem was considered crucial to combat mental health issues. It was felt that social support had to be strengthened to act as a buffer against depression and sexual risk. At the macro level, a need for anti-discriminatory policies were felt to be formulated and introduced in healthcare settings and workplaces to help sexual minority groups to reintegrate into the society.

Social exclusion describes a process by which certain groups are thoroughly disadvantaged because they are discriminated against on the basis of their ethnicity, race, religion, caste, gender, disability, migrant status, sexual orientation or even HIV status. *Hijras* and other Transgender people in India face social exclusion in various ways. So far, *Hijra*/TG communities have been excluded from effectively participating in social and cultural life; economy; and politics and decision-making processes. It is a key barrier that often prevents them in exercising their civil rights in their desired gender.

A primary reason (and consequence) of the exclusion is the lack of (or ambiguity in) legal recognition of the gender status of *Hijras* and other transgender people. Discriminations start in the family, occur in educational institutes, persist in employment opportunities and even encroach on certain basic civil rights such as marriage and parenthood. They remain socially marginalised and are usually apprehensive about expressing their identities in public sphere due to the fear of ostracisation.

Discrimination by Family

A study done by PUCL-K (2001) notes that the basis of a family in the Indian context is heterosexual and most Indian families socialize children into the inevitability of heterosexual marriage and the pressure to marry begins to be applied slowly but inexorably. Both men and women experience the pressure, but undoubtedly the pressure is greater on women, who in the Indian context have far less independence. There is no space within the family to express a non-heterosexual alternative. Growing up as a homosexual in such a familial environment is by its nature, a dysfunctional process. The individual is forced to create a false sense of self because disclosure is often met with a violent denial or negative reaction from the family.

The family may completely disown their son or daughter and refuse to accept that he or she is homosexual and forces the child to undergo psychiatric treatment in a vain attempt to convert them into heterosexuality or to push them into an unhappy marriage where the wife suffers equally, bearing the burden of an unworkable marriage, and her sexual freedom curbed. Some members of the society ridicule gender-variant people for being ‘different’ and they may even be hostile. However with time family dynamics has undergone change, families have taken time to adjust to the reality moving through phases of denial, hatred, bitterness and finally acceptance.

Discrimination by State

A study by PUCL-K in 2001 on *Humar rights violation against sexual Minorities in India* has identified the State as a powerful enforcer of discrimination against sexual minorities. The prime means through which discrimination has been institutionalized in the everyday living of sexuality minority populations is through use of laws and the police. Legal discrimination in the most offensive degree is the Article 377 that criminalizes any sexual intercourse that is 'against the order of nature'. It does not distinguish between consensual and coercive sex. Though it is not a direct decree against homosexuality, rather a prohibition of certain sexual acts but it has been oft and again used to target Transgender Groups (TG) on the pretext of their sexual inclinations.

Even from police, they face physical and verbal abuse, forced sex, extortion of money and materials; and arrests on false allegations. Absence of protection from police means ruffians find *Hijras* and transgenders as easy targets for extorting money and as sexual objects. A 2007 study documented that in the past one year, the percentage of those Men who have sex with men and *Hijras* (n=75) who reported: forced sex is 46%; physical abuse is 44%; verbal abuse is 56%; blackmail for money is 31%; and threat to life is 24%.

There was also no recognition of the rights of alternate sexuality groups in law. Only recently the Supreme Courts directive to include transgendered people in all welfare programmes for the poor including education, healthcare and jobs and creation of a third gender category was a monumental step in eradicating social exclusions they faced in the deeply conservative Indian society. While the ruling was in sync with the tune of the Indian Constitution, this verdict does not apply to sexuality. There is still no recognition of homosexual relationships as family for the purposes of insurance claims, compensation, and gratuity benefits or for purposes of nomination.

Discrimination in employment sector

Despite a long history of homoerotic culture and tolerance as depicted in Vanita and Kidwai's book Same-Sex Love in India there has been a resistance by the patriarchal society to accept alternate sexualities either in the home or at workplace. In India, homosexuality is still a

taboo topic and clear statistics are unavailable though a large number of young people have been vocal in propagating for gender diversity, equal opportunities and sexual freedom. Recent studies have helped in understanding the homosexual community, the *Hijras*, and men who have sex with men.

Anthropologists who have studied *hijra* communities in various parts of India agree that, in addition to earning their livelihood as performers, most *Hijras* in contemporary India engage themselves in sexual activity with men for money or for satisfying their own homosexual desires, as long as they are physically attractive or capable of doing so. Most *Hijras* seem to engage in casual prostitution by offering sexual favours to men in exchange for money (Nag, 1995). Very few work sectors have opportunities for the transgender population. The transgender community claimed inability of getting a mainstream job due to lack of education, 'unusual' non-conforming lifestyle unacceptable for the working environment. *Launda dancing* is an acceptable avenue where adolescent young boys are free to express themselves and their femininity.

Discrimination in healthcare settings

The medical system functions on the binary of men and women. This completely negates the presence of Transgender Groups (TG). There are various risks and associated stress related to the sexual life and practices of men who have sex with men. Chakrapani, Babu and Ebenezer (2004) points out the dependence of Hijras on free medical care due to their low socioeconomic status. Discrimination starts right at the registration desk and they face insensitive treatment by care givers and doctors that deter them from seeking medical help. Transgender and homosexuals face discrimination even in the healthcare settings. Often, healthcare providers rarely comprehend the sexual diversities and they do not have adequate knowledge about the health issues of sexual minorities. Thus, people following alternate sexualities face unique barriers when accessing public or private health services. Anonymous multiple sex partners are an effective strategy to camouflage their identity but the wide range of penetrative and non-penetrative sexual behaviour is often a precursor to sexually transmitted diseases and HIV. Barriers in accessing HIV testing, antiretroviral treatment and sexual health services have been well documented.

Types of discrimination reported by *Hijras* and transgender communities in the healthcare settings include: deliberate use of male pronouns in addressing *Hijras*; registering them as 'males' and admitting them in male wards; humiliation faced in having to stand in the male queue; verbal harassment by the hospital staff and co-patients; and lack of healthcare providers who are sensitive to and trained on providing treatment/care to transgender people and even denial of medical services. Discrimination could be due to transgender status, sex work status or HIV status or a combination of these.

## RATIONALE

A range of studies have been found on alternate sexuality in India and these were promoted in understanding the connections between homosexuality and the rampant spread of HIV/AIDS in India. Alternate sexualities have been treated in post-colonial India as a digression from the set patriarchal norms. According to the UNDP study (2010) *Hijras*/TG communities face several sexual health issues including HIV. Both personal and contextual level factors influence sexual health condition and access to and use of sexual health services. *Hijras* and other transgender communities face unique barriers in accessing treatment services for their sexual health concerns be it Sexually Transmitted diseases or HIV/AIDS. Focus has to be put on analysing the factors that deter sexual minorities from seeking proper healthcare.

Stigma and discrimination faced by MSM and Transgender groups in India have been well documented through a number of quantitative studies yet in-depth understanding of problems of Transgender remain unexplored. Despite the presence of literature on Transgender groups and HIV/AIDS across the globe and specific to India, there is a void when it comes to understanding the specific Transgender Group of *Launda dancers* and the discriminations that they face in society that force them into a life full of challenges and violence. Studies on the life and tradition of young boys who dress as women and dance at weddings and other auspicious occasions in Northern India are meagre. There is an avenue for further enquiry to attain a holistic insight into the socio-cultural realms of these performers. Their experiences and struggles are crucial in assessing the reality of *launda dancers* who do not conform to the gender norms in India. Cultural restraints in sections of Indian public discourse often deny the existence of male sexual abuse and forced male prostitution, tacitly sanctioning the highly criminal environments that many *launda dancers* become susceptible to. Thus, these young

male performers, known as *launda* dancers, are vulnerable to organized patterns of exploitation that include prostitution, violence, sexual assault and sexually transmitted infections.

These young boys who are effeminate in nature also face hazards of breaking out of the gender stereotype. An array of physical and sexual abuse towards *launda dancers* has been documented during wedding processions in parts of Uttar Pradesh and Bihar. These include: being bitten, burned with cigarettes, assaulted and gang raped at knifepoint, with even reports of deaths for protesting against such abuses. Physical mobility, multiple partners and unsafe sexual practices increase the risk of contracting sexually transmitted infections and HIV considerably. The lack of significant research on this issue has motivated this study to focus on the whole process of organization of and participation in this traditionally authorized MSM (men who have sex with men) practice in the orthodox North Indian ceremonial context.

Prevailing gender stereotypes contribute not only to the limited social space in which *launda dancers* are able to express their identity, but also reinforce gender norms that enable the use of sexual exploitation and violence. The taboo associated in reporting of male-on-male sexual violence has prevented open challenges to this custom in traditional settings. Indeed, the ability of the Indian state to even counter the multiple factors that have made launda dancers part of an established and rooted practice is questionable. Before it can challenge such practices, it must first challenge its own prejudices. The task to alleviate the often untold suffering of the *launda dancers* falls, therefore, not just on the state but also the citizens who can help to shape public discourse and define the boundaries of social acceptability. This study has been motivated by the dearth of understanding and detail on the *launda dance* groups.

The main aim of this study would be to understand the social exclusions and discriminations that push young adolescent transgender boys into the profession of *launda dance* and the impact this choice has on their sexual health and life. The study will attempt to locate the major issues regarding sexual health and device an appropriate social work intervention that will be instrumental in linking them with the proper medical establishments.

## OBJECTIVE

- To understand the discriminations that is in place in the society against the Transgender Groups (TG) in India with special reference to *Launda dancers*.
- To understand the socio-cultural and economic background of these migrant transgender young men and determine their reasons for joining *launda dance* groups.
- To explore the sexual health issues of *launda dancers* focusing on the status of their sexual health, the risk perception of respondents of Sexually Transmitted Diseases, their awareness on high risk sexual practices and their health seeking behaviours.
- To get an in-depth understanding of the dynamics of the organization, work and migratory patterns of *launda dancers* and its effect on their life and health.

## OPERATIONAL DEFINITIONS

**Sexual Health**: According to World Health Organization, 'Sexual health is a state of physical, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.' In this study this term would cover in its ambit all sexually transmitted diseases, complications arising out of castration, impact of sexual violence or rape, and HIV/AIDS.

***Launda dancers***: Though it is a derogatory term, it will be used in the study to specify the group of young adolescent boys who perform in parts of Uttar Pradesh and Bihar dressed as women as a part of traditional wedding ceremonies.

**Vulnerability**: In this study vulnerability would imply susceptibility to injury, violence or contraction of sexually transmitted diseases or HIV.

**Discrimination**: It is the treatment of, or making a distinction in favour of or against, a person based on their membership to a particular group, class or category rather than on

individual merit. In this study discrimination would imply all socio-cultural and legal inequity that Transgender Groups (TG) in India face.

**Social exclusion**: It can be understood as the failure of society to provide certain individuals and groups with those rights and benefits, such as education, employment, healthcare etc based on difference in race, caste, gender, sexual orientation, or ethnicity.

## METHODOLOGY

### RESEARCH DESIGN

Based on the objectives the preferred research design would be a combination of descriptive and exploratory in nature. The study will be aimed at getting a detailed perspective on the subject. Descriptive research design accurately describes possible characteristics of a group of people or community (Lal Das, 2005). In the present research *Launda* dance as a sub-group among the Transgender population will be described. It would delve into the life and experiences of these dancers to explain their identity, socio-economic background and dynamics of their work, organization and problems arising out of this specific work. This method will be helpful in explaining the situations, processes and uncovering practices through the uses of in-depth semi structured interview, collection of narratives and group discussion.

The study will also follow an exploratory research design as the researcher intends to enhance familiarity with the less known phenomena of sexual health of the *Launda* dancers.

Case study will also be undertaken to look intensely into the life experiences of certain members of the participant pool to explore and draw conclusions in this specific context.

This research would address the issue of exclusion of the *Launda* dancers from access to healthcare from an anti-oppressive social work perspective which stands on fundamentals of egalitarianism and social justice. Anti-oppression approach will be used to underline the importance of responding to discrimination and oppression as part of social work (Payne, 2005).

## DATA

Data collected will be a mix of qualitative and quantitative data. Data will be collected from both primary and secondary sources. In-depth interviews with participants and key respondents will be used to get a holistic and detailed perspective.

## SAMPLING

The universe of the study will entail *launda dancers* in the age group of 15 – 35 who belong from the source areas in West Bengal. The number documented in the only available study on *launda dancers* by PLUS Kolkata is 400 but there are a number of organizations who work with various transgender groups and may have a small number of *launda dancers* affiliated with them. The total universe of *launda dancers* in West Bengal can be assumed to be approximately around 500-600.

The tentative sample size will be 100 *launda dancers*. The criteria for their inclusion in the study will be:

- Dancers in the age group of 18 to 35 years.
- Experience of participating in the dancing ceremony of *launda dancers* as a part of a band.
- Migrating from source areas from West Bengal.

Snowball sampling will be used in this study to locate the population that will be studied because of the sensitivity of the issue and guarded social group structure. In depth interviews will be conducted with a part of the sample till saturation in data takes place. Initial respondents will be identified through NGOs working with *Launda* dancers and other Transgender groups and more units will be further identified through these respondents.

## TOOLS

Data collection tools used for primary data will include: Semi-structured interview guide, Questionnaire, Focus Group Discussions and Case study.

Secondary sources such as unpublished reports/ records of grassroots data on the MSW/MSM/TG populations and sub groups as well as published reports on Transgender Groups (TG) will be studied.

FRAME OF ANALYSIS

| Objective | Type of data | Method | Tools |
|---|---|---|---|
| Understanding social exclusion of TG with special reference to Launda dancers | Secondary | Available published and unpublished reports on TG/MSM | Review of Literature |
| Socio-cultural background of Launda dancers | Primary | In depth Interview | Semi-structured interview schedule |
| Understanding of dynamics of Launda dance group, work and migratory pattern | Primary | Focus Group Discussion | Thematic FGD guide |
| Risk perception of sexually transmitted diseases and health seeking behavior | Primary and secondary | Key informant interview | Interview guide/ Questionnaire |

**CHAPTERIZATION PLAN**

The tentative chapterization plan of the thesis would be as follows:

Chapter 1: Introduction – A concise understanding of concepts of sex, gender and sexuality will be provided. Along with this a detailed understanding about the life of the sexually alternate population in India and their experiences will be looked into. Also the scope and magnitude of the problem to be studied will be provided.

Chapter 2: Review of Literature – Extensive review of available literature on homosexuality in India, homoerotic cultures through history, movements and awakening and the recent challenges faced by the homosexual population. Existing work on social exclusions faced by transgender communities will be looked into. Work on *Launda* dancers will also be reviewed to get an insight on the conditions of this group. Gaps in literature will be analyzed.

Chapter 3: Methodology – The research design and methodology will be analysed in detail. The proposed methodology and the relevance of it would be analysed.

Chapter 4: Transgender Communities and Discrimination in India- This chapter will look into the Transgender Groups (TG) present in India, their lifestyle, traditions and discrimination faced by them in the society.

Chapter 5: Launda dancers in West Bengal: Socio-cultural background – This chapter would be devoted in understanding the socio-cultural backgrounds of this TG group.

Chapter 6:Launda dancers and Sexual Health in West Bengal – This chapter will be devoted extensively on understanding sexual health of these groups as well as vulnerabilities that they face while doing the *launda naach.* Sexual health problems among the target population have to be explored.

Chapter 7: Discussions and Conclusion – The major focus would be on formulating an intervention model improvement of their access to healthcare and generating awareness on sexually transmitted diseases. A concise summary of all the learning derived from the field during the course of the research, its significance and impact in the field of social work and the scope for further research if any in the particular field.

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